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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # DOCOCO 12206

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90031 041 ***150.00

 Corporation 	R PLUMBING & DRAIN CLE	ANING, INC.						
Principal Place of Business Mailing Address						T (##11##1 tim rhtt# liftit ditte abirt natur anin	11888 11108 11	118 18119 BITT +881
382 LAMANCHA AVE ROYAL PALM BCH FL 33411 US		382 LAMANCHA AVE ROYAL PALM BCH FL 33411 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
	· .				_	01/02/1993		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	⊢	Applied For Not Applicable
21 Cuita Ant	# oto	tc. Suite, Apt. #, etc.			-	65-0375658		Additional
22	e, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	•	Required
City & State				, -		6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip 24				ntry		This corporation owes the current year In Personal Property Tax.	tangible	□No
	9. Name and Address of Curre					10. Name and Address of New Registered	Agent	
			ļ	81	Name			
PARKER, RODNEY R 382 LAMANCHA AVE				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
ROY	AL PALM BCH FL 33411			83				
				84	City	Fi	_	p Code
agent. I a	M familiar with, and accept the obligation of segistered against typed or printed name of registered against the obligation of the obligat	ent and title if applicable. (NOTE: A	Registered	1100.	signature required	ration submits this statement for the purpose on submits this statement for the purpose of submits because of directors. I hereby accept the appointment of the purpose of submits accept the appointment of the purpose of submits accept the purpose		
12.	O SELETE			13.		ADDITIONS/CHANGES TO OFFICERS A	Chang	
TITLE NAME	PVST PARKER, RODNEY R	1.2 N						_
STREET ADDRESS					ADDRESS			ļ
CITY-ST-ZIP	302 EMMANDIA AVE		1.4 CIT	Y-\$T-	ZIP		_	
TITLE		DELETE 2.1T		LE			☐ Chang	ge 🗌 Addition
NAME			2.2 NA					
STREET ADDRESS			-		ADDRESS	الموارية المراجعة المستهدية المسترية المسترية	gray to be	
CITY-ST-ZIP_			2. 4 CT 3.1 TIT		<u>-ZIP</u>	·	Chang	ge Addition
NAME			3.2 NA					
STREET ADDRESS			3.3 ST	REET	ADDRESS			Ì
CITY-ST-ZIP			3.4. CI	TY-ST	-21P		- Clean	- Addition
TITLE		☐ DELETE	4.1 TIT				Chang	ge
NAME			4.2 N		4000000			Į.
STREET ADDRESS					ADDRESS			. }
CITY-ST-ZIP			_	4.4 CITY-ST-ZIP 5,1 TITLE			Chang	ge Addition
NAME			5.2 NA	ME .				
STREET ADDRESS					ADDRESS			Ì
CITY-ST-ZIP		[] priest	5.4 CIT		- ZIP		☐ Chang	ge
TITLE		☐ DELETE	6.2 NA				□ ougu	- Draggeri
NAME STREET ADDRESS			1		ADDRESS			
SINCE ADDRESS			•					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE:

TESTITURE REQUIRE

THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-1-99

561-791-1545

Daytime Phone #